U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29.

For Official Use Only READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT. AHG 19 2005 252. E 1. File Number U - 1/746 2. Fiscal Year Covered From: 01/01/04 Through: 12/31/2004 4. Name, file number, and address of labor organization. 3. Name and address of person filing. C Tompson Name | Painters District Council #3 Labor Organization File Number 1002437 P.O. Box, Bldg., Room No., if any P.O. Box, Building and Room Number, if any 9902 E. 62nd Street 9902 E. 62nd Street City Raytown State Missouri Missouri State ZIP Code + 4 64133 5. Position in labor organization. Business Representative Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest In, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 6. Name and address of Employer (including trade name, if any). Name Painters District Council 343 P.O. Box, Bldg., Room No., if any 7.b. Amount. Street 9902 E. 62nd Street Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) on 8/9/08 516 358244 0 Signed

Name of Person Filing John C. Tompson		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or of of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	therwise dealing with the business actively seeking to represent, cr r indirectly to, or otherwise			
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Street 1125 Grand; Ste. 1600				
city Kansas City]			
State Missouri ZIP Ccde + 4 64106				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	*		
Name Painters District Council #3 Pension, Health & Welfare & Apprenticeshi Trade Name, if any: P.O. Box, Bldg., Room No., if any		Attorney		
Street 3100 Broadway, Ste. 805		·		
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Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	r parts A and B above).			
a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
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3.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	/		

Name of Person Filing John C. Tomspon	File Number U	<u> </u>
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or or of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization.	therwise dealing with the business actively seeking to represent, or r indirectly to, or otherwise	
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Street 3100 Broadway, Ste. 805 City [Kansas City]	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	\$150,000.00
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	12.b. Amount	\$24,00
. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.	
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Name of Person Filing John C. Tompson	File Numb	per U-
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8. Name and address of Business (including trade name, if any). Name United Acturial Services, Inc. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11590 North Merdian St., Ste., 610 City Carmel State Indiana ZIP Ccde + 4 46032	a. Labor Organization	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Painters District Council #3 Pension and Health & Welfare Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. Funds Actuary	
Street 3100 Broadway, Ste. 805 City Kansas City State Missouri ZIP Code + 4 64111	11.b. Approximate dollar value of such dea 12.a. Nature of interest held or income re Lunch	
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money	12.b. Amount.	[\$15.00.]
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment	
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Name of Person Fining John C. Tompson	I he idditibel o	
B. Held an interest in or derived income or economic benefit with monetary substantial part of which consists of buying from, selling or leasing to, or of of an employer whose employees your labor organization represents or is a (2) any part of which consists of buying from or selling or leasing directly or dealing with your labor organization or with a trust in which your labor organization or with a trust in which your labor organization.	herwise dealing with the business actively seeking to represent, cr indirectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name Segal Advisors Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 1300 East 9th Street, Suite 1900 City Cleveland State Ohio ZIP Code +4 44114	9. Business deals with: a. Labor Organization X b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
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Received from any employer (other than an employer covered under it from any labor relations consultant to an employer any payment of money of	parts A and B above) or other thing of value.	
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10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
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3.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filing John C. Tompson	File Number U	
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Name of Person Fung John C. Tompson		File Number U-
B. Held an interest in or derived income or economic benefit with moneta substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or (2) any part of which consists of buying from or selling or leasing directly dealing with your labor organization or with a trust in which your labor organization.	otherwise dealing with the business s actively seeking to represent, or or indirectly to, or otherwise	
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10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
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